Camanchi Care Limited

Chevington Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Chevington Lodge provides accommodation and personal care for up to 43 older people, some of whom were living with dementia. At the time of our visit 36 people were using the service.

What life is like for people using this service:

In 2018 Camanchi Care Limited took over ownership of Chevington Lodge, registering with the Commission on 5 July 2018. This is the service's first inspection since it changed ownership. The management team, including registered manager, remained the same as it was under the previous ownership.

People who live at Chevington Lodge have their needs met by sufficient numbers of suitably trained staff. People told us staff were kind and caring and knew them as individuals.

The environment was comfortable and safe. Plans were in place to make adaptions to the environment to support people living with dementia to orientate themselves around the service more easily.

People were supported to remain engaged and had appropriate access to meaningful activity.

People were offered a choice of meals which met their nutritional requirements. The risk of people becoming malnourished was identified, monitored and managed.

People received the support they required at the end of their life.

Plans were in place to improve people's care plans and make it easier for staff to find key information about people's needs. The new care plans we saw in place contained sufficient information for staff to provide care to people.

Positive comments about the management team and providers were made by people who used the service, relatives and staff.

Since taking ownership of the service, the new providers had carried out thorough audits to identify areas for possible improvement. There was an improvement plan in place detailing what improvements they intended to make.

The service worked well with other organisations to ensure people had joined up care. People were supported to have input from external healthcare professionals in a timely way.

People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

See more information in Detailed Findings below.

Rating at last inspection:
This is the first inspection since the service was registered on 5 July 2018.

Why we inspected:
This was the service's first inspection.

Follow up:
Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Detailed findings can be found in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Chevington Lodge

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by one inspector.

Service and service type:
Chevington Lodge is a care home for older people, the majority of whom were living with dementia. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

Notice of inspection:
This inspection was unannounced.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with two people who used the service and two relatives to ask about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the deputy manager, the two owners, and three care staff. We looked at five records in relation to people who used the service. We also looked at staff files and records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

•□People told us they felt safe living in the service. One person said, "Oh yes, absolutely I feel safe." A relative told us, "[Family member] is totally safe, content and cared for."
•□Staff were aware of the service's safeguarding policy and demonstrated a knowledge of safeguarding procedures. Staff had received training in this area.

Assessing risk, safety monitoring and management

•□Risk assessments were in place for people using the service and these were reviewed regularly. Staff were aware of the risks to people and how they reduced these. However, some of these risk assessments could be improved to include more detailed information about reducing risks.
•□Risk assessments relating to the environment were in place. This included evacuation plans.
•□Equipment such as fire, hoists and water quality were regularly tested for safety. Where actions were identified the service clearly documented the action they had taken. The provider had taken prompt action to address areas for improvement identified at a fire risk assessment carried out by an external company. This included fitting a new fire detection and alert system and implementing new policies and procedures.

Staffing and recruitment

•□People told us they felt there were enough staff to meet their needs. One person said, "They come if you need them. Press the bell and they appear." A relative said, "If I need someone to help I just go out in the corridor and they will come within minutes." This confirmed our observations that people received support from staff when they needed it.
•□The staffing level had been reviewed regularly dependent on the needs of those using the service. Consideration was given to the amount of time required to meet people's social and emotional needs.
•□Staff told us there were enough staff to meet people's needs in a timely way. The service had two activities coordinators who worked alternate days to spend time with people, engaging them in activity.
•□The service had robust procedures in place to ensure staff were suitable to work with vulnerable people.

Using medicines safely

•□Medicines were managed, monitored and administered safely. Improvements recommended at an audit by an external company in March 2019 had been acted on.
•□The deputy manager told us, and care staff confirmed, that the staff member administering medicines on

each shift was supernumery, and therefore not required to deliver direct care to people. We were told this was to ensure they could focus on administering medicines and reduce the risk of mistakes.
•□Staff were trained and deemed competent before they administered medicines.
•□Robust quality assurance procedures were in place to oversee the administration of medicines and identify shortfalls. This included regular audits by the management team and monthly audits by one of the providers, who is a registered pharmacist.
•□People told us they received their medicines appropriately. One said, "Always get my tablets on time, always." Another person told us, "I get pain in the night so sometimes I have to call for staff and they will always get me some pain relief."

Preventing and controlling infection

•□The service was clean throughout. People said their home was clean. One said, "My bedroom is kept lovely and clean, the bed linen is changed very regularly. Cleaners are in every day." A relative told us, "[Cleaning staff] are here daily, the room is always kept hygienic. There is no bad smells in the home, as you can tell."
•□Staff had access to appropriate protective clothing (PPE) such as gloves and aprons to use when providing personal care to people or support with meals. We observed that these were changed in between tasks to reduce the risk of the spread of infection.

Learning lessons when things go wrong

•□Accidents were appropriately recorded. The contents of these records were reviewed by the management team to ascertain whether any actions should be taken to reduce the risk of reoccurance. Actions taken included making referrals to the falls prevention team for advice.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

•□People's needs were comprehensively assessed before they came to live at the service. Records demonstrated these assessments were reviewed monthly to ensure any changes to people's needs were promptly identified.
•□Improvements were underway to implement a new care planning format. This included clearer and more detailed information for staff which better reflected best practice guidance, such as that produced by the National Institute For Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

•□Staff were suitably trained, skilled and knowledgeable for the role. Staff were positive about the quality and range of the training they received. The registered manager and provider had identified training courses specific to the needs of people using the service that staff could benefit from. This included training from the Speech and Language Therapy Team (SALT) around reducing the risk of choking.
•□Staff told us they felt well supported and were encouraged to develop in their role. The provider had plans in place to develop the expertise of staff and encourage growth and progression. This included setting up an apprenticeship program.
•□Staff told us they told us that they were asked about other qualifications or training courses they would like to take at regular one to one sessions with their manager. Plans were in place to implement annual appraisals where staff could set objectives for the coming year.
•□Senior staff monitored the competency of care staff to ensure training was effective.

Eating, drinking and a balanced diet

•□Some changes were required to the meal time experience for people living with dementia. Whilst people received appropriate support to eat, they were seated at the table for an extended period of time before the meal was served. We observed that this caused anxiety for some people who needed a lot of reassurance from staff about what was happening.
•□Some changes could also be made to support people living with dementia to make a meaningful choice about what they would like to eat. For example, by being shown the possible options or pictures of the options.
•□When we fed this back to the providers they told us they would address these areas for development promptly.
•□People told us the food they were provided with was good quality and they had a choice of meals

according to their preferences. One said, "The food is beautiful. If you don't fancy what's on the menu the chef will make you something else." Another person told us, "[The food] is very good. They ask you what you would like but it's all good."
•□The service assessed and monitored the risk of malnutrition and dehydration. Plans were in place to guide staff on how to reduce this risk. A relative said, "They are good at getting [family member] to eat. If [family member] is asleep or doesn't want the meal they'll put it aside and try again later."

Supporting people to live healthier lives, access healthcare services and support

•□People said they received support to make and attend appointments with other healthcare professionals if they required it. One person told us, "A doctor comes weekly and if you tell the staff they will ask the doctor to visit." Another person said, "They just organised for the optician to come. The chiropodist comes too and you can see a doctor if you need to."
•□Records were kept of the contact people had with other healthcare professionals and the advice which was provided. This was transferred into care planning and discussed in staff handover to ensure staff were aware of any changes to people's needs.

Adapting service, design, decoration to meet people's needs

•□The new provider had taken note of best practice guidance around creating a stimulating environment for people living with dementia which helped them orientate themselves around the building.
•□They were in the process of implementing new signage to support people to find their way to key areas such as the toilet or dining room. People's bedrooms had signs on them including a photograph which might help people identify which room was theirs.

Ensuring consent to care and treatment in line with law and guidance

•□The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
•□People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
•□We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•□People's capacity to make decisions was assessed. There was clear information for staff about what decisions people required support with and what decisions they could make themselves. Where people had relatives or external professionals who should be involved in decision making, this was clear in care records.
•□Staff demonstrated a knowledge of the principles of the MCA. We observed that staff supported people with making day to day decisions according to their ability.
•□One person told us, "I don't feel restricted, no." Another person said, "I'm given options and everything is up to me."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

•□All the people we spoke with told us that staff were kind and caring towards them. A relative told us, "I can't say anything bad about the staff, they're friendly genial people." Another relative said, "The staff are so kind, friendly. I see them as friends. I couldn't fault their attitude." One person told us, "Very friendly, they've been nothing but nice to me."
•□We observed that staff treated people with kindness, understanding and compassion.
•□It was clear from our observations and discussions with staff that they knew people as individuals and had a good knowledge of their past, likes and dislikes. One person said, "The carers are so nice, they know me even though I haven't been here long. They are very good to us all." A relative said, "Most of the carers have been here a while and they have developed a relationship with [family member] and I. I'd say they know us both well."

Supporting people to express their views and be involved in making decisions about their care.

•□People's views and the input they and relatives had in their care planning was recorded. One relative said, "We did a care plan for [family member] and me and my brother got asked about it. There's been reviews since."
•□The service understood their role in supporting people to make decisions about their healthcare options. Records were kept of these discussions and the outcome.

Respecting and promoting people's privacy, dignity and independence.

•□There were detailed life histories in place for people, so staff could understand their past. This was particularly important for people living with dementia who may not always be able to recall this information independently.
•□We observed that staff supported people to be as independent as possible. One person said, "I don't feel they've encroached upon my independence, they know I'm not here for long and supported me in choosing to go home."
•□Staff treated people with dignity and respected their right to privacy. One person said, "Oh yes they are very respectful. I get my privacy with my [relative], two hours this morning."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•□The new provider had identified that improvements could be made to the care planning format to make people's records more personalised and for the information to be more easily accessible for staff. This new format was still in the process of being implemented for all people using the service.
•□The new care planning format was an improvement on the previous format. The new care plans were more personalised and made clear people's preferences, likes and dislikes. These also put an emphasis on promoting independence and what tasks people could complete without staff assistance.
•□The new provider had identified an area for improvement with activities and a survey of people's views had also highlighted this as an area for development.
•□As a result of this, the providers had employed a new activities coordinator, so they had two available to be at the service on alternate days. Both activities coordinators had been supported to attend training courses on providing activities which were meaningful for people.
•□As part of the changes to activity provision, the new providers had requested more of an emphasis on tailoring activities to individuals and providing more one to one time, including for those who were cared for in bed. Relatives were positive about this. One said, "What I like is that now they have activities people who come in to see [family member] every day and spend time with [family member] chatting. That didn't happen before and I was always worried." Another relative told us, "Since the new owners they do more one to one with everyone, like playing table games or talking to them. I like that, it's good."
•□The new providers had also developed links with local schools and nurseries, with children visiting once a week to play games and interact with people. People we spoke with were positive about this. One said, "Children come in regularly. Two different schools, they're lovely. It's so nice to see children again."

End of life care and support

•□Whilst no one using the service was currently receiving end of life care, end of life care planning was in place and reflected people's preferences. The providers had considered the guidance in the Gold Standards Framework and modelled their care planning on the principles of this guidance.
•□The service maintained good links with other healthcare professionals to enable them to support people effectively at the end of their life.

Improving care quality in response to complaints or concerns

•□There was a suitable complaints policy in place which was displayed in a communal area. People told us they knew how to complain. One said, "I know how to but why would I need to? I couldn't fault it." A relative told us, "It's clear how you can complain if you want to but I've never needed to. If there is a niggle you can

just discuss it there and then and the issue will be solved."
• The service had not received any complaints at the time of our visit.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

•□All staff made positive comments about the management team and new providers. They said they felt they were approachable, honest and open. They told us the new providers had engaged with the staff team well from an early stage.
•□People and relatives told us they knew the management team and providers well. One said, "I was a bit worried when they said they'd sold up but I needn't have because the new owners seem very nice." A relative told us, "The managers are great, [deputy manager] is just excellent. The new owners have been very kind and have done a lot for the home."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

•□The registered manager understood their role and responsibility in ensuring people received a safe, effective and caring service.
•□Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.
•□The registered manager had developed links with external organisations to discuss best practice and share ideas.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

•□The new providers had carried out a comprehensive survey of people's views shortly after buying the service. Some areas for improvement were highlighted, including improvements to activities. This was added to an ongoing action plan and people told us improvements had been made in this area.
•□The providers and management team were looking to start regular meetings where people could share their views on the service.

Continuous learning and improving care

•□The new providers had developed links with another care home rated Outstanding and had visited the service and had meetings with the registered manager to share best practice. This demonstrated a

commitment to learning and development.

• Upon taking ownership of the service, they had also arranged for an external organisation to carry out a thorough audit of the care provided to people. Improvements had already been actioned or were in the process of being actioned.

• There was a robust, comprehensive and detailed quality assurance system in place which covered all aspects of service provision. We saw that this was capable of identifying areas for development which were then added to an ongoing improvement plan. The providers told us this system had been modelled on the one in place at the Outstanding service they had developed links with.

• The providers had implemented a comprehensive improvement plan which set out the improvements and developments they wished to make in the coming year. This demonstrated a commitment to continuous learning and development of the service

• Where areas for action were identified, it was clear from records how the management had addressed these.

Working in partnership with others

• The management team had positive relationships with healthcare professionals who supported people using the service. They had also developed links with external organisations who support care homes with driving excellence in care.